## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION						FOR INSU	JRANCE COMPANY USE
A1. Building Owner's Name  KATHLEEN JAROSIC  Policy Number:						nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  101 NORTH McCALL ROAD  Company NAIC Number:						NAIC Number:	
City ENGLEWOOD				State Florida		ZIP Code 34223	
		nd Block Numbers, Ta ENGLEWOOD - P.I.[			gal Description, e	tc.)	
A4. Building Use (e.	.g., Residen	tial, Non-Residential,	Addition	, Accessory,	etc.) NON-RES	SIDENTIAL	
A5. Latitude/Longitu	ide: Lat. 26	6.96419°	Long8	32.35660°	Horizonta	al Datum:  NAD	1927 × NAD 1983
A6. Attach at least 2	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain floo	od insurance.	
A7. Building Diagrar	m Number	1A					
A8. For a building w	rith a crawls	pace or enclosure(s):					
a) Square foota	age of crawl	space or enclosure(s)			N/A sq ft		
b) Number of pe	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent g	rade N/A
c) Total net area	a of flood op	penings in A8.b		N/A sq in	l		
d) Engineered f	flood openin	gs? Yes X	No				
A9. For a building wi	th an attach	ed garage:					
a) Square foota	a) Square footage of attached garageN/A sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered flood openings?  Yes  No							
, -							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number SARASOTA COUNTY - 125144  B2. County Name SARASOTA  B3. State Florida							
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood (Zone AO, u	Elevation(s) ise Base Flood Depth)
12115C-0453	F	11-04-2016	11-04-2		AE	11'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS OPA							

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		=::			
IMPORTANT: In these spaces, copy the corresponding information	FOR	INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. N 101 NORTH McCALL ROAD		Policy Number:			
City State ENGLEWOOD Florida	ZIP Code 34223	Comp	pany NAIC Number		
SECTION C – BUILDING ELEVATIO	N INFORMATION (S	URVEY REQUIR	(ED)		
C1. Building elevations are based on: Construction Drawin *A new Elevation Certificate will be required when construction	on of the building is cor	•	Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: NGB BM #S-734 ELEV = 5.51' Vertical Datum: N.A.V.D. 1988					
Indicate elevation datum used for the elevations in items a) t	hrough h) below.				
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source: _					
Datum used for building elevations must be the same as tha	used for the BFE.	Ch	heck the measurement used.		
a) Top of bottom floor (including basement, crawlspace, or e	enclosure floor)	12.0			
b) Top of the next higher floor		N/A			
c) Bottom of the lowest horizontal structural member (V Zon	es only)	N/A			
d) Attached garage (top of slab)		N/A			
e) Lowest elevation of machinery or equipment servicing the (Describe type of equipment and location in Comments)	building	N/A			
f) Lowest adjacent (finished) grade next to building (LAG)		10.7			
g) Highest adjacent (finished) grade next to building (HAG)		11.8			
h) Lowest adjacent grade at lowest elevation of deck or stai structural support	rs, including	N/A	⊠ feet		
SECTION D – SURVEYOR, ENGIN	EER, OR ARCHITEC	T CERTIFICATION	ON		
This certification is to be signed and sealed by a land surveyor, e I certify that the information on this Certificate represents my bes statement may be punishable by fine or imprisonment under 18 U	t efforts to interpret the	data available. I u	certify elevation information.  understand that any false		
Were latitude and longitude in Section A provided by a licensed la	and surveyor? 🗵 Ye	s No	Check here if attachments.		
Certifier's Name Licens B. GREGORY RIETH 5228	e Number				
Title PSM/CFM			MININGREGORY PARIS		
Company Name BENNETT-PANFIL, INC.			**************************************		
Address 742 SHAMROCK BLVD		1	NO. 5228 * STATE OF STATE OF LAND		
City State VENICE Florida	ZIP Co 34293	ode	Minimum LAND LAND		
Signature Date 08-17	Teleph -2022 (941) 4	none Ext. 497-1290			
Copy all pages of this Elevation Certificate and all attachments for (	) community official, (2)	) insurance agent/c	company, and (3) building owner.		
Comments (including type of equipment and location, per C2(e), FILE #20-11-38. NO NO VENTS OR MACHINERY HAVE BEEN DERIVED FROM LABINS.ORG.		TIME. SECTION A	u5 WAS		
DATE OF FIELD SURVEY: 8/3/2022					

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 101 NORTH McCALL ROAD					Policy Number:	
City	/ GLEWOOD	State Florida	ZIP Code 34223	C	Company NAIC Number	
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
con ent	For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1.	Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,		LAG).		_	
	crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			meters	□ above or □ below the HAG. □ above or □ below the LAG.	
E2.	For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provide				
E3.	Attached garage (top of slab) is		feet [	meters	above or below the HAG.	
E4.	Top of platform of machinery and/or equipmer servicing the building is	nt	feet [	meters	above or below the HAG.	
E5.	E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?   Yes  No  Unknown. The local official must certify this information in Section G.					
	SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTAT	TIVE) CER	TIFICATION	
The	e property owner or owner's authorized represel nmunity-issued BFE) or Zone AO must sign her	ntative who complete e. The statements ir	es Sections A, B, and n Sections A, B, and E	E for Zone	e A (without a FEMA-issued or ct to the best of my knowledge.	
Pro	perty Owner or Owner's Authorized Representa	ative's Name				
Add	dress		City	State	e ZIP Code	
Sig	nature		Date	Tele	phone	
Cor	mments					
					Check here if attachments.	

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IMPORTANT: In these spaces, copy the corre	F	OR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St. 101 NORTH McCALL ROAD	No. P	olicy Number:				
City ENGLEWOOD	State Florida	ZIP Code 34223	С	Company NAIC Number		
	N G – COMMUNITY I		NAL)			
SECTION G – COMMUNITY INFORMATION (OPTIONAL)  The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section or Zone AO.	on E for a building loca	ated in Zone A (without a	a FEMA-is	ssued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for co	ommunity floodplain mar	nagement	t purposes.		
G4. Permit Number	G5. Date Permit Issu	ued		e Certificate of npliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	] Substantial Improveme	ent			
G8. Elevation of as-built lowest floor (including of the building:	basement)		feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		feet	meters Datum		
G10. Community's design flood elevation:			feet	meters Datum		
Local Official's Name Title						
Community Name	Community Name Telephone					
Signature		Date				
Comments (including type of equipment and location, per C2(e), if applicable)						
				Check here if attachments.		

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** See Instructions for Item A6.

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City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Clear Photo One



Photo Two

Photo Two Caption Clear Photo Two

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 101 NORTH McCALL ROAD	Policy Number:		
City	State	ZIP Code	Company NAIC Number
ENGLEWOOD	Florida	34223	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Clear Photo Three



Photo Four

Photo Four Caption Clear Photo Four